

Special Articles and Association Notes

The Manitoba Medical Review

ESTABLISHED 1921

WINNIPEG, MAY, 1940

Published Monthly by the

MANITOBA MEDICAL ASSOCIATION

Canadian Medical Association, Manitoba Division

Editorial Office

102 MEDICAL ARTS BUILDING, WINNIPEG

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Annual Subscription - \$2.00

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Executive Meeting

Minutes of a meeting of the Executive Committee of the Manitoba Medical Association held in the Medical Arts Club on Wednesday, March 27, 1940, at 6.30 p.m.

Present.

Dr. W. E. Campbell
(Chairman)

Dr. E. L. Ross

Dr. W. S. Peters

Dr. E. J. Skafel

Dr. W. F. O'Neill

Dr. A. M. Goodwin

Dr. O. C. Trainor

Dr. C. W. MacCharles

Dr. E. S. Moorhead

(Chairman, Committee
on Economics)

Dr. M. S. Lougheed

(Medical Health Officer).

Minutes of the last Executive meeting held on Wednesday, January 31st, were summarized by the Secretary.

It was moved by Dr. O. C. Trainor, seconded by Dr. E. J. Skafel: THAT the minutes be adopted.

—Carried.

Business Arising Out of the Minutes

Report on Medical Service Scheme (Firefighters' Club).

Dr. Moorhead reviewed the progress of the discussions since the last meeting of the Executive Committee, and reported that this scheme had been presented to a meeting of the Winnipeg Medical Society and they had agreed to adopt the plan for one year as an experiment.

It was moved by Dr. E. J. Skafel, seconded by Dr. W. S. Peters: THAT the details of appointments necessary with regard to this scheme, be left to the Winnipeg Members of the Executive.

—Carried.

Municipal Doctors.

The secretary reported that as instructed at the last Executive meeting he had written to the Deputy Minister of Health, Dr. Jackson, and asked for a copy of the regulations governing the appointment of Municipal Doctors.

Dr. Jackson had sent a copy of the relevant parts of the Municipal Act, and also a copy of the form of agreement used in these cases.

It was pointed out that it would be impossible to discuss this information without the members of the Executive having an opportunity to study the details.

It was moved by Dr. E. L. Ross, seconded by Dr. W. F. O'Neill: THAT copies of this report from Dr. Jackson be mimeographed and sent to all the members of the Executive, and

THAT Dr. Jackson be asked for the number of Municipal Physicians in Manitoba, salaries paid, the areas involved, population, mileage covered and the amounts paid for mileage, and that this information be mimeographed and sent to the members of the Executive Committee, and

THAT the question be discussed at the next Executive meeting.

—Carried.

Report from Legislative Committee on Resolution from Surgeons Club re Underwriters' Association.

The secretary read a report from Dr. G. S. Fahrni, Chairman of the Legislative Committee, under date of February 28th, with regard to resolution from the Surgeons Club re the Underwriters' Association.

It was moved by Dr. W. S. Peters, seconded by Dr. E. L. Ross: THAT a copy of this report be sent to the Surgeons Club, and that a suitable notice be prepared advising the profession that any misunderstandings with regard to insurance claims may be referred to the Legislative Committee.

—Carried.

Legal Status of Internes.

The secretary reported that he had received a memorandum from Dr. Harvey Agnew, Secretary of Department of Hospital Service, Canadian Medical Association, incorporating a legal opinion of Mr. Newcombe, which had been sent to the Canadian Medical Protective Association. This memorandum was read by the secretary.

It was moved by Dr. E. L. Ross, seconded by Dr. W. S. Peters: THAT a copy of the report be sent to the Secretary of the Honorary Attending Staff of St. Boniface Hospital, and that it be read at the Annual General Meeting of the Manitoba Medical Association.

—Carried.

Report from Deputy Minister of Health re Examination of People Attending Youth Training Centres.

The secretary reported that he had received a letter from Dr. Jackson, Deputy Minister of Health, under date of February 22nd, 1940, explaining the situation with regard to the examination of those attending the Youth Training Centres, and also memorandum drawn up by Dr. Sheps, who is in charge of this work. Dr. Jackson's letter was read by the secretary.

Dr. Skafel reported that he had sent to the Deputy Minister of Health a bill for \$6.00 for reading tuberculin reactions done on those attending Youth Training Centres in his district. This had evidently been referred to Dr. Sheps, who had written to Dr. Skafel objecting that he should be willing to do this work gratis, in order to further the efforts of the Department of Health, and the bill had not been paid.

It was moved by Dr. O. C. Trainor, seconded by Dr. W. F. O'Neill: THAT Dr. Skafel forward the relevant correspondence to the secretary of the Manitoba Medical Association, and that the secretary be instructed to write to Dr. Jackson with regard to this problem after the correspondence has been received.

—Carried.

Report of Special Committee Appointed to Meet with Representatives of the Manitoba Hospital Association to Discuss the Inadequacy of Hospital Costs.

Dr. Campbell reported on the two meetings held on the 15th and 18th of March. A copy of the minutes of these meetings are on file with a letter from Mr. Gagnon, Secretary of the Manitoba Hospital Association.

Dr. Campbell explained that it would evidently be necessary to arrange to send speakers to the District Meetings of the Union of Municipalities, in order to make clear to them the difficulties of the hospitals with regard to payment for public ward patients.

Proposed Study of Antenatal, Natal and Neonatal Deaths and Still Births.

The secretary read two letters from Dr. Jackson, Deputy Minister of Health, under date of February 13th and February 20th, respectively, advising that the Department intended to carry on this survey.

New Business

Instructions to Member on Canadian Medical Association Executive.

Dr. Trainor discussed the agenda for the meeting of the Executive Committee of the Canadian Medical Association, April 8th and 9th. Particular attention was paid to the following items:

Annual Meeting: Dr. Trainor reported that he would be expected to discuss the feasibility of holding the Canadian Medical Annual Meeting in Winnipeg in 1941. After considerable discussion it was finally agreed that Dr. Trainor should state that the Manitoba Medical Association were willing to make the necessary arrangements if it was thought that the meeting could be made a success.

Dr. Peters pointed out that Dr. Clingan of Virden would be eligible for senior membership.

The secretary was instructed to write to the Secretary of the Canadian Medical Association submitting Dr. Clingan's name.

Correspondence

Radio Programmes.

The secretary read a letter received from Dr. Routley under date of January 16th, 1940, asking if any of the members in Manitoba would be willing to prepare talks for the radio.

The secretary reported that a copy of this letter had been sent to the Winnipeg Medical Society.

It was suggested that a copy of the letter should also be sent to the Brandon District Medical Society.

Several members from the country reported that they listened to the radio programmes, and found them very interesting.

Resignation of Secretary.

The President read a letter from the secretary under date of March 26th, advising that he had been called up for Naval service as from April 5th, and he wished to submit his resignation.

It was moved by Dr. W. S. Peters, seconded by Dr. E. L. Ross: THAT the resignation of the secretary be not accepted, and that he be granted leave of absence for the duration of his war service. —Carried.

Resignation of Editor.

The President read a letter from the secretary under date of March 26th, tendering his resignation as Editor of the "Manitoba Medical Review" as well.

It was moved by Dr. W. S. Peters, seconded by Dr. E. L. Ross: THAT Dr. MacCharles' resignation be accepted with regret. —Carried.

Medical Relief Scheme.

Dr. Lougheed, Medical Health Officer of the City of Winnipeg, was present and read his letter addressed to the Secretary of the Manitoba Medical Association, and explained it in detail.

Dr. Skafel asked if the City paid for medical care of people on old age pensions.

Dr. Lougheed stated that this care was paid for to the extent that if the Department were asked a district physician would be sent to see the patient.

In discussion Dr. Lougheed's proposals, Dr. Trainor objected that the proposed scheme would only give a definite sum of money to cover an unlimited amount of illness, and in this way the medical profession would be underwriting all the risk.

Dr. Peters pointed out that the Provincial Government would pay for medical services to old age pensioners if they came from unorganized territory, but not if they came from organized territory.

The Chairman discussed in some detail with Dr. Lougheed the various paragraphs of his letter.

After a general discussion, it was moved by Dr. O. C. Trainor, seconded by Dr. E. J. Skafel: THAT this letter be referred to the Committee on Economics.

—Carried.

The meeting then adjourned.

Attention

The Legislative Committee of the Manitoba Medical Association would like to call attention to the paragraph in the minutes in regard to the relationship between practising physicians and surgeons and the insurance companies.

Please send any complaints to the Secretarial Office of the Manitoba Medical Association, 102 Medical Arts Building, for reference to the Legislative Committee.

G. S. FAHRNI,
Chairman, Legislative Committee.

OBITUARY

Dr. Frank Andrew Smith died at St. Joseph's Hospital, Winnipeg, on April 11th, aged 57. For three years he had been in poor health.

Born at Whitemouth, Manitoba, he was educated in Winnipeg schools, St. John's College and Manitoba Medical College, from which he graduated in 1906. He practiced at Maple Creek, Sask., Birtle, Man., where he opened a private hospital which later became the municipal hospital, and Winnipeg. Before beginning work in Winnipeg, he took special training in X-ray at Chicago and in radium therapy at New York.

He was a member of the staff of the Winnipeg General Hospital for some years and a member of the faculty of Manitoba Medical College. At the time of his death he was a staff member of the Children's Hospital, the Municipal Hospitals, the St. Joseph's Hospital and the Mount Carmel Clinic. For four years he was a member of the Winnipeg School Board. One of his hobbies was the keeping of bees, and he was a past president of the Manitoba Beekeepers' Association. He was one of the pioneers in radium therapy in Winnipeg.

Affable in disposition, he had many friends both within and without the medical profession.

Department of Health and Public Welfare

NEWS ITEMS

The following is an article appearing in a recent issue of "Preventive Medicine" and written by Frederic W. Bancroft, Associate Professor of Clinical Surgery, College of Physicians and Surgeons, Columbia University, New York City.

PREVENTIVE ASPECTS OF CANCER

"In scientific preventive medicine it is essential to have a clear concept of the etiology as well as the pathology of any given disease. Preventive medicine is most effective where we know the organism or virus or lack of vitamin that is responsible for the disease. Unfortunately we do not know as yet what produces cancer. We know from clinical observation and experimental research that chronic irritation or infection may act as the exciting cause: therefore our axioms for prevention of cancer are largely gleaned from clinical observation.

"Before discussing the early diagnosis of cancer and the eradication of precancerous lesions it would seem advisable to review some of the latest work concerning the origin of cancer. At the meeting of the American Surgical Association held in New York in June, 1937, Dr. John Morton read a paper on 'The Etiology of Cancer in the Light of our Present Knowledge,'** and it occurred to me that if I could act as a reviewer of this article and present some of the most startling developments it would help to elucidate many of our didactic clinical concepts of prophylaxis.

"Dr. Morton says: 'Knowledge regarding the causes of cancer came to us from several sources. The human family furnished examples of cancer in its natural origins. It gave us evidence of the influence of constitution, race and environment. The potency of environmental factors was shown when man produced human cancer, unwittingly to be sure, but effectively, in many of his occupations. Naturally occurring cancers in many species of the animal kingdom added for controlled observations. Hereditary influences could be more easily recorded in selected animal strains of known constitution. And finally when cancer could be more easily recorded in selected animal strains of known constitution. And finally when cancer could be produced at will in various species of laboratory animals, a method was provided to test the cancer promoting powers of many different substances.'

"The attempt to glean from the literature the salient facts regarding the cause of cancer is a task which is well nigh impossible for any one individual. It presupposes that such an individual be conversant with such diverse subjects as heredity, biology, chemistry, pathology, metabolism, radiant energy, vitamins, viruses, enzymes and the internal secretions of the ductless glands. The limitations imposed by such a formidable array accordingly must be taken into account. In addition to this, the possibility that one single agency should furnish the cause for the many diverse types of cancer is remote. However, the ultimate intracellular change promoted by the varied cellular incitants may well be the same type of reaction.

"Inciting Factors. The cancerous change in the cell may be initiated by many different forms of inciting factors. It is possible to classify these agents under three main groups:

1. Physical
 - a. Traumatic
 - b. Thermic—cold, heat
 - c. Actinic—ultra violet, roentgen rays, radium

2. Chemical

- a. Stasis
- b. Simple chemicals
- c. Coal tars
- d. Internal secretions—estrogens, vitamins

3. Biologic

- a. Bacteria
- b. Viruses
- c. Helminths'

"Combinations of 1, 2 and 3 may also operate as inciting factors.

"The evidence that these inciting factors may operate in the production of malignancy has been gathered (a) from human occupational cancers; and (b) from studies on the origin of cancers in the human in association with the presence of these physical, chemical or biologic agents; (for example, the well known Kangri cancer of the skin of abdominal wall and inner side of the thighs resulting from burns received in squatting over the basket braziers; the betel nut cancer of the cheek in the Far East; the liver cancers associated with fluke infestations; the jagged tooth, syphilis and cancers of the mouth; the cancers arising in scars and ulcers; the effect of sunlight on the skin; the arsenic cancers; the role played by helminths in human tumors; the endocrine factor in breast cancer; and the estimation of how much weight should be given to single traumas); and (c) from the experimental laboratories of the world where cancers have been produced in various species of animals by diverse carcinogenic agents.'

"Since 1916 great advances have been made in the experimental production of cancer. Dr. Morton says: 'To select a few of these will serve to emphasize this side of the problem. Leitch placed human gallstones in the gallbladders of guinea pigs and cancer resulted after sufficient time had elapsed. Bagg caused carcinoma to follow stagnation of the breast secretions by repeatedly breeding without allowing the mice to suckle their young. This result was also brought about by ligation of the nipples. Berenblum by successive short applications of carbon dioxide snow to the skin of mice had carcinomas develop at the site of injury. . . . Biltris placed small amounts of radium element in collodion sacs in the liver or kidney of guinea pigs with resulting sarcomata of the kidney, carcinomata of the bile passages, and malignant unidentified tumors of the spleen. The malignancy of these growths was evidenced by wide metastasis. Bullock and Curtis produced sarcoma in the liver of rats by feeding them the eggs of the cat tapeworm. The malignant tumors developed in the fibrous tissue of the cyst walls, the rat serving as the intermediate host. These sarcomata proved to be very malignant and transmissible by inoculation. This furnished research laboratories with an excellent experimental material. . . .'

"There has been a great revival of interest in the etiologic factors due to the brilliant researches upon the chemistry of the coal tars.'

"Numerous workers have shown that coal tars are productive of cancer. And while many have gradually broken up the substances of coal tar which are carcinogenic, it was not until Hieger, who had previously noticed a resemblance between the fluorescent spectrum of benzoanthracene and that of one of its carcinogenic fractions of coal tar, found that if 1:2:5:8 dibenzanthracene was painted on the skin in a benzene solution cancers were produced in mice. He found that 'A subcutaneous injection of the same substance in lard caused sarcomata in mice and rats. The fluorescence spectra of active carcinogenic tar fractions showed bands at wavelengths 4,000, 4,180 and 4,400 angstroms. By tracing the appearance of these bands in successive

fractional distillations and testing the carcinogenic potencies, Cook, Hewett and Hieger were able to identify and isolate 1:2 benzpyrene from the coal tar. The numbering has been changed to 3:4 benzpyrene to conform to older usage in the literature. This is the only potent carcinogenic compound which has been shown to be present in coal tar.

"Even more striking has been the production of mammary carcinoma in mice by continued stimulation of these glands by a normal hormone. Leo Loeb for years has furnished evidence of the effect of the ovaries on mammary cancers in mice. These experiments proved that the presence or the absence of the ovary determined the frequency of mammary cancer and the age at which it appeared. Malignancy was further conditioned by hereditary factors. Lacassagne injected massive daily doses of estrone benzoate in mice. He thus kept the mammary glands under continuous stimulation by a physiologic agent. He was able to show a progressive change of the breast through various stages to malignancy. This result could also be brought about in male mice of a strain in which the females showed a high natural incidence of breast cancer. . . . When estrin has been applied to the skin of mice for long periods, the effects were not on the local skin but on the tissues connected with the genital structure—breast, vagina, uterus in females, prostate in males. A comparative study of other estrogenic hormones was also carried out by Lacassagne, who demonstrated characteristic tissue changes in the mammary glands, uterus, prostate and hypophysis. Each hormone showed some effects which differed from those provoked by the others. The close similarity in chemical structure between the carcinogenic hydrocarbons and the estrogenic substances received also a proof of similar physiologic action when it was found that some of these hydrocarbons could produce estrus.

"Some recent experimental work upon vitamin factors has been of extreme interest. Adamstone destroyed vitamin E in the diet fed to developing chickens. There resulted lymphoblastomata involving the heart, lungs, liver, spleen, pancreas and gizzard in a large proportion of the experimental animals. In contrast to this Rowntree, et al., administered vitamin E to white rats in the form of an ether-extracted crude wheat germ oil. After 1 cc. had been given in the food daily for 116 days spindle cell sarcomata of the abdominal cavity were found. These could be transplanted to other animals. The neoplasms grew rapidly and caused death. Repetition of this work by Dorrance and Ciccone showed tumors in 100 per cent, transplantable in 100 per cent. Other oils and purified wheat germ oil gave negative results.

"Recently interest has been aroused again by the discoveries of cell free transmissible papillomata and fibromata in rabbits. Rous and Beard experimented with the Shope rabbit papilloma virus. It was found that in the course of a few months many of these virus-induced papillomata became malignant squamous cell carcinomata. The virus could not be recovered from the cancers but evidence of its presence was obtained indirectly by serologic tests. When the virus was injected into the blood stream of rabbits with tarred ears, it localized and caused both papillomata and cancers to develop at once."

(To be continued in next issue).

COMMUNICABLE DISEASES REPORTED

Urban and Rural - February 26 to March 25, 1940

Measles: Total 2,810—Winnipeg 2,332, Flin Flon 76, Bifrost 55, Kildonan West 42, St. Vital 32, St. James 21, Kildonan East 19, Saskatchewan 18, Tuxedo 18, St. Boniface 15, Harrison 14, Brooklands 10, Fort Garry 9, Springfield 9, Lorne 7, Morris Town 4, Unorganized 3, St. Paul West 2, Oakland 2, Roland 2, Ste. Anne 2, Rockwood 1, St. Andrews 1, Transcona

1, Brandon 1, Eriksdale 1, Lansdowne 1, St. Paul, West 2 (Late Reported: Grey 49, Flin Flon 47, North Norfolk 8, Roland 3, Tuxedo 1, Selkirk 1, Teulon Village 1).

Whooping Cough: Total 184—Winnipeg 75, St. Boniface 35, Unorganized 9, North Norfolk 8, Portage City 8, Rapid City 6, Hanover 4, Brooklands 3, Saskatchewan 3, Brandon 2, St. James 2, Transcona 2, Kildonan East 1, Lawrence 1, Louise 1 (Late Reported: Rapid City 10, Brandon 7, North Norfolk 2, Portage City 2, Riverside 1, Unorganized 1, Glenwood 1).

Chickenpox: Total 166—Winnipeg 51, St. Boniface 26, Unorganized 15, Rivers 14, Brandon 13, Transcona 7, Tuxedo 5, Daly 5, Rosedale 3, Clanwilliam 2, Portage Rural 2, Blanshard 1, Ethelbert 1, Grandview Rural 1, Hamiota Rural 1, Hamiota Village 1, Kildonan East 1, Minnedosa 1, Morton 1, St. James 1, Ste. Rose Rural 1, The Pas 1 (Late Reported: Portage Rural 4, Unorganized 3, Brandon 2, Woodlands 2, Lawrence 1).

Mumps: Total 70—Winnipeg 46, Unorganized 14, Kildonan East 4, MacDonald 2, St. Boniface 2, Hamiota Rural 1, Kildonan West 1.

Tuberculosis: Total 45—Winnipeg 12, Unorganized 8, Selkirk 3, St. Boniface 2, Brandon 1, Brenda 1, Brokenhead 1, Cartier 1, Grey 1, Hanover 1, Kildonan East 1, Kildonan West 1, Minitonas 1, Montcalm 1, Neepawa 1, Portage Rural 1, Russell Town 1, Ste. Anne 1, St. Laurent 1, Ste. Rose du Lac Village 1, Ste. Rose Rural 1, St. Vital 1, Whitemouth 1 (Late Reported: Victoria Beach 1).

Scarlet Fever: Total 42—Winnipeg 19, Unorganized 8, Tuxedo 3, St. Boniface 2, Dauphin Town 1, Kildonan West 1, Minitonas 1, St. Andrews 1, St. Vital 1, Souris 1, Springfield 1, Stanley 1 (Late Reported: Dauphin Town 1, Minitonas 1).

Typhoid Fever: Total 23—Ste. Anne 14, St. Boniface 5, Tache 2, Eriksdale 1 (Late Reported: Ste. Anne 1).

Diphtheria: Total 20—Winnipeg 12, Portage Rural 1, Richot 1, St. Andrews 1, Selkirk 1 (Late Reported: Portage Rural 3, St. Boniface 1).

Lobar Pneumonia: Total 18—Ste. Rose du Lac Village 3, Ste. Rose Rural 2, Hanover 1, Unorganized 1 (Late Reported: Hanover 3, Clanwilliam 1, Brandon 1, Cartier 1, Franklin 1, Lorne 1, Riverside 1, Strathcona 1, St. Boniface 1).

Influenza: Total 15—Winnipeg 3, Saskatchewan 2, Kildonan East 1, Rapid City 1, Whitemouth 1 (Late Reported: Brandon 1, Franklin 1, Morris Rural 1, Rossburn 1, Winchester 1, Unorganized 2).

Encephalitis: Total 8—(Late Reported: Selkirk 8).

Diphtheria Carriers: Total 6—Roblin Town 4, St. Clements 1, Winnipeg 1.

Erysipelas: Total 4—Brandon 1, Hanover 1, St. Boniface 1, Winnipeg 1.

Septic Sore Throat: Total 2—Ethelbert 1, Tuxedo 1.

Anterior Poliomyelitis: Total 1—(Late Reported: Rosedale 1).

Venereal Disease: Total 122—Gonorrhoea 85, Syphilis 37 (for month of March).

DEATHS FROM ALL CAUSES IN MANITOBA

For the Month of November, 1939

URBAN—Cancer 35, Tuberculosis 10, Pneumonia 9, Lobar 9, Pneumonia (other forms) 6, Influenza 2, Syphilis 2, Whooping Cough 2, Lethargic Encephalitis 1, Measles 1, all others under one year 9, all other causes 181, Stillbirths 18. Total 276.

RURAL—Cancer 23, Pneumonia (other forms) 17, Tuberculosis 13, Influenza 10, Pneumonia Lobar 9, Syphilis 2, Whooping Cough 2, all others under one year 27, all other causes 160, Stillbirths 16. Total 279.

INDIAN—Tuberculosis 9, Pneumonia (other forms) 2, Influenza 1, all others under one year 3, all other causes 9, Stillbirths 1. Total 25.

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NOTICE RE CANCER HANDBOOK

On Page 79 of the April issue of the "Review," a notice was published stating that the Canadian Medical Association would be glad to mail a copy of a handbook on cancer. This notice was inserted in error. A second edition of the handbook has not been considered by the committee.

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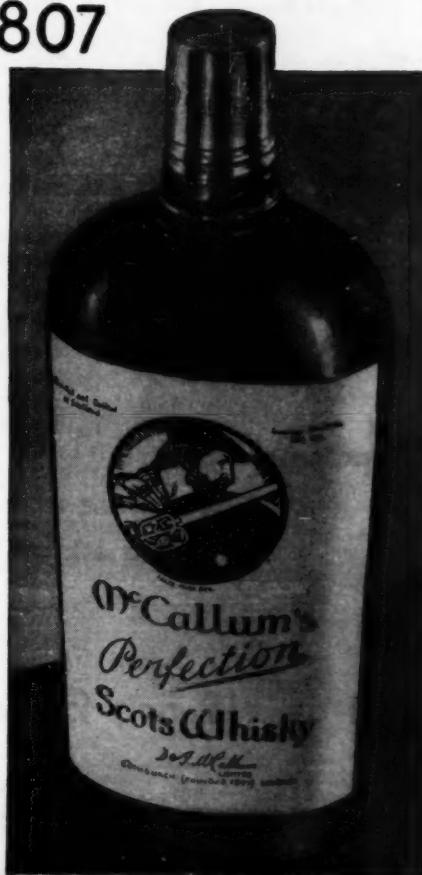
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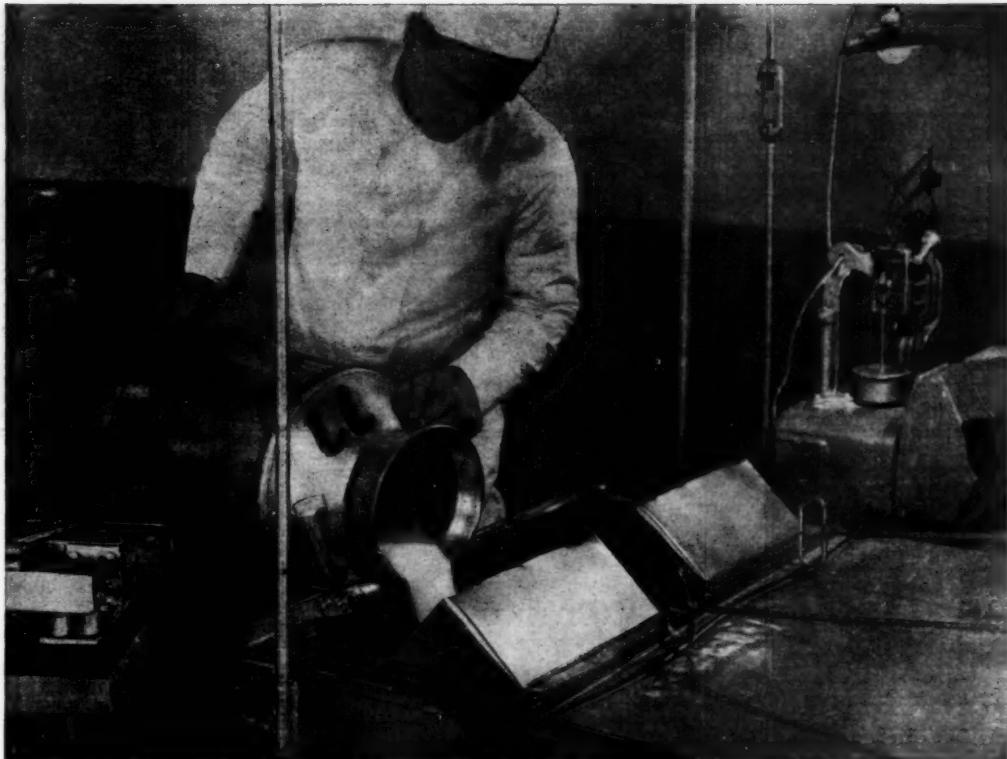
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